

General Assembly

Amendment

February Session, 2014

LCO No. 4415

SB0019704415HR0

Offered by:

REP. SAMPSON, 80th Dist.

To: Senate Bill No. 197

File No. 37

Cal. No. 419

(As Amended by Senate Amendment Schedule "A")

"AN ACT DECREASING THE TIME FRAMES FOR URGENT CARE ADVERSE DETERMINATION REVIEW REQUESTS."

- 1 Strike sections 2 and 3 in their entirety and insert the following in
- 2 lieu thereof:
- 3 "Sec. 2. Subdivision (1) of subsection (d) of section 38a-591e of the
- 4 2014 supplement to the general statutes is repealed and the following
- 5 is substituted in lieu thereof (*Effective October 1, 2014*):
- 6 (d) (1) The health carrier shall notify the covered person and, if
- 7 applicable, the covered person's authorized representative, in writing
- 8 or by electronic means, of its decision within a reasonable period of
- 9 time appropriate to the covered person's medical condition, but not
- 10 later than:
- 11 (A) For prospective review and concurrent review requests, thirty
- 12 calendar days after the health carrier receives the grievance;

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13 (B) For retrospective review requests, sixty calendar days after the 14 health carrier receives the grievance;

- 15 (C) For expedited review requests, except as specified under 16 subparagraph (D) of this subdivision, [seventy-two] <u>forty-eight</u> hours 17 after the health carrier receives the grievance <u>unless the covered</u> 18 person chooses to waive such requirement; and
- (D) For expedited review requests of a health care service or course of treatment specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, twenty-four hours after the health carrier receives the grievance.
- Sec. 3. Subdivision (1) of subsection (i) of section 38a-591g of the 2014 supplement to the general statutes is repealed and the following is substituted in lieu thereof (*Effective October 1, 2014*):
- (i) (1) The independent review organization shall notify the commissioner, the health carrier, the covered person and, if applicable, the covered person's authorized representative in writing of its decision to uphold, reverse or revise the adverse determination or the final adverse determination, not later than:
- 31 (A) For external reviews, forty-five calendar days after such 32 organization receives the assignment from the commissioner to 33 conduct such review;
- 34 (B) For external reviews involving a determination that the 35 recommended or requested health care service or treatment is 36 experimental or investigational, twenty calendar days after such 37 organization receives the assignment from the commissioner to 38 conduct such review;
- (C) For expedited external reviews, except as specified under subparagraph (D) of this subdivision, as expeditiously as the covered person's medical condition requires, but not later than [seventy-two] forty-eight hours after such organization receives the assignment from

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the commissioner to conduct such review <u>unless the covered person</u>

chooses to waive such requirement;

- (D) For expedited external reviews involving a health care service or course of treatment specified under subparagraph (B) or (C) of subdivision (38) of section 38a-591a, as expeditiously as the covered person's medical condition requires, but not later than twenty-four hours after such organization receives the assignment from the commissioner to conduct such review; and
- (E) For expedited external reviews involving a determination that the recommended or requested health care service or treatment is experimental or investigational, as expeditiously as the covered person's medical condition requires, but not later than five calendar days after such organization receives the assignment from the commissioner to conduct such review."

This act shall take effect as follows and shall amend the following sections:		
Section 1	October 1, 2014	38a-591d(c)(1)
Sec. 2	October 1, 2014	38a-591e(d)(1)
Sec. 3	October 1, 2014	38a-591g(i)(1)